

## **REMARKS**

### **Response to Claim Rejections – 35 USC § 101**

The preambles to Claims 1 and 11 and sections (a, b, d, and f) of Claim 1 and sections (a, b, e, and f) of Claim 11 have been amended, adding, “In a tangible computer-readable media” to cure the office actions allegation that the claim is insufficiently tangible. This should remove any objection to the claims.

The concept that the computer program was in a tangible computer-readable media was implicit throughout the rest of the claim as all other sections clearly and explicitly already recited a computer readable media. The claim as a whole thus was not insufficiently tangible. One of ordinary skill in the art would not reasonably interpret, “Computer readable medium” as including a signal or wave. As the Office Action admits, claims 1 and 11 claim that data is stored in a storage device that is describe on page 5 of the specification as either a central location of a database server. Applicants request the entry of this clarification of the preambles to Claims 1 and 11 and sections (a, b, d, and f) of Claim 1 and sections (a, b, e, and f) of Claim 11.

### **Claim Rejection Under 35 USC § 103**

Iliff discloses “a medical knowledge system...for giving advice to the general public over a telephone network;” see column 1, lines 20-23 or alternatively, a computer program, including a medical diagnostic and treatment advice system. See column 4 lines 37-62. The system of Iliff is limited to about 100 of the, “Most commonly encountered problems,” Column 4 lines 17-18, while the claims of the current application are directed to the diagnosis or allergic diseases and associated therapeutic proposals.

These differing objectives are shown in the limitations of the claims of the current application that Iliff fails to disclose. For example, while Iliff discloses preparing a set of anamnesis questions those questions do not address the timing of the symptoms or the environmental exposure of a patient. See section (a) of claim 1 and claim 11.

While Iliff discloses that the system disclosed therein stores information relating to diseases in general, it is not tailored to allergic diseases like the claims of the current application and specifically does not disclose that it stores a, “Listing of allergens;” see

section (b) of claim 1, or, "Causes of allergic diseases, including pathogenic and/or allergenic substances." See section (b) of claim 11.

Also, Iliff may, "Narrow the list of possible causes including allergies," see Office Action section (g), but Iliff does not disclose, "Creating proposals for allergens to be tested, one or more diagnoses and one or more therapy proposals," see claim 11 section (f), or, "Preparing a proposal for the allergens to be tested to further narrow down the diagnosis." See claim 1 section (g), see also claim 11 section (h).

Finally, it would not be obvious to one skilled in the art to modify Iliff to cover all the limitations recited in the claims of the current application, because Iliff is directed to a general diagnosis of about 100 of the most common diseases, not specifically to diagnosing and providing therapeutic proposals for allergic diseases. The Office Action's admission that Iliff does not include, "Collecting medical history data regarding allergens and does not discuss examples of using the invention for patients with allergies", "storing the data in anonymized form", or "selecting comparable data based on a user's medical history" is acknowledged. See the Office Action pages 6-7.

Skardon does not disclose any method of diagnosis. The word diagnosis can not even be found in the Summary of the Invention as the citation of the Office Action suggests. Skardon instead discloses medical devices for analyzing air for lung irritants for the detection of allergens with the purpose of giving advice to an asthma patient. Please see column 1 lines 38-40, reciting "To assist a patient to avoid asthma triggers, especially in the home setting." Skardon discloses an air monitoring device for the homes of asthma patients, "A location where the asthma patient is situated" (column 2 lines 21-22).

Skardon is also limited to asthma patients only and does not include any other allergic diseases and/or syndromes.

The "advice" generated by the Skardon system is not what the current application refers to as a therapeutic proposal and has no capacity to diagnose any diseases. Skardon can at best warn about the environment around an asthma patient. The claims of the current application teach the diagnosis of a patient based on given answers to anamnesis questions and other patient data, the output of which are answers to what could be wrong with the patient and how to correct such wrongs. See claims 1 and 11. Skardon "advice" at most recognizes and warns of a potential environmental danger to a previously diagnosed asthma

patient. The currently claimed invention on the contrary is directed to a method and system for recording and analyzing syndromes and their causes for establishing appropriate therapy proposals.

The medical history discussed in Skardon refers to previous allergy related diagnosis of a person. The medical history is not used to diagnose in Skardon, the purpose of this history is to be compared with the current environmental data to determine if it is safe for the person to go outside. Skardon does not teach the use of medical history to diagnose a person and therefore combining it with Iliff does not teach a person of ordinary skill in the art to use medical history to diagnose a person because in Skardon the already existing medical history is the diagnosis. The combination of Skardon and Iliff does not teach the use of a person's medical history to make a diagnosis of a allergic disease and provide a therapeutic proposal(s), and therefore does not teach all the limitations of claims 1, 9-11, 14-18, and 21.

One skilled in the art would not be motivated to combine a warning system as taught in Skardon with a diagnostic system taught in Iliff because the devices relate to two different phases of healthcare. Iliff advises a person with regard to actions related to health before a diagnosis has been made. Skardon warns a person if environmental conditions are at dangerous levels with regard to their previously diagnosed condition. Furthermore, the device in Iliff uses pre-selected questions and none of the references provided teach how these pre-selected questions could adjust to a patients medical history.

Fey discloses a networked health screening system that queries a database of a population for similar trends and results. Fey does not disclose a diagnosing and treatment proposal system for allergic diseases and does not disclose that the data with respect to allergens and the mechanisms and causes of allergies are continuously revised, extended, and brought into the system as disclosed by the claims of the current application.

Fey [0025] refers to screening test results that are used to identify clinical study qualifiers, forecast trends, and evaluate medical probabilities. Fey [0025] incorporates no comparison of data (it merely aggregates it) and includes no diagnosis or therapy proposals.

Fey [0065] and [0094] merely state that medical information of many people is aggregated and stored anonymously. The purpose of Fey is research information regarding health trends while maintaining the anonymity of those individuals who are the source of the data. As discussed in relation to Skardon, there is no teaching regarding how such

information could be combined in to the questions of Iliff.

As admitted in the office action, "Iliff and Skardon fail to disclose selecting comparable data based on a user's medical history." Iliff does not disclose how to include a user's medical history into the formulation of a diagnosis and therefore, one skilled in the art would not be motivated to combine the two references because there is no teaching regarding how one of ordinary skill in the art would combine any information provided by a database disclosed in Fey with the questioning process of Iliff.

Neither Iliff, Fey, nor Skardon, either alone or in combination teach or suggest all of the claim limitations of the claimed invention, specifically a method or system for recording and analyzing syndromes and their causes for establishing an appropriate therapy proposals for allergic diseases. Even if a person of ordinary skill in the art was motivated to combine these references all the limitations of the current invention could not be found therein.

For all the foregoing reasons, reconsideration of all claim rejections are respectfully and courteously requested.

The Commissioner is hereby authorized to charge any fees associated with this response or credit any overpayment to Deposit Account No. 13-3402.

Respectfully submitted,  
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